

# Fairlea Animal Hospital

## Consent for Dental Prophylaxis

\_\_\_\_\_  
Owner's name

\_\_\_\_\_  
Pet's name

Your pet is being admitted for teeth cleaning, which is a very important preventative health care procedure. It is necessary to anesthetize your pet in order to do a thorough job. Anesthesia involves some unavoidable risk, but we will monitor your pet closely to insure his or her safety and well-being. In order to recognize any underlying abnormalities your pet may have, **we recommend having a pre-surgical blood profile run on your animal.** This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before anesthesia is administered. **We highly recommend a blood profile for geriatric animals (animals older than 7 years).** If a problem arises during anesthesia, we will institute whatever measures are needed to stabilize your pet. Your consent to this procedure is also an agreement to pay for all care your pet requires today. **There is an additional charge for the pre-anesthetic blood panel.** We hope you understand the need for these important tests.

I DO  DO NOT  wish to have the pre-surgical blood work run today.  
I DO  DO NOT  consent to tooth extraction if needed.

It is important to provide us with a phone number where you can be reached at any time today, since the doctor may need to consult with you while your pet is under anesthesia.

**At what number may you be reached today?** \_\_\_\_\_  
**Email address** \_\_\_\_\_

I hereby authorize Fairlea Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

**\*\*\*All animals admitted, must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense.\*\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician/Doctor reviewing form